



COLORADO

Department of Public Health & Environment

Zero Suicide Colorado

Grantee Orientation July 22, 2019

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Agenda

Welcome & Introductions

Overview of Zero Suicide Colorado

Grant Goals & Reporting

• Contract, Fiscal, and Compliance Info

Questions and Discussion



Your CDPHE-OSP Team

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Ruchi: <u>ruchi.kumar@state.co.us</u>

*Email Michael with all questions, invoices, reports, etc.



Health System Partners

- Denver County
 - Mental Health Center of Denver, Porter Hospital (Centura),
 Denver Health Psychiatric ED, Colorado Coalition for the Homeless
- El Paso County
 - Memorial Hospital (UCHealth), Penrose-St. Francis (Centura)
- Larimer County
 - SummitStone, Medical Center of the Rockies (UCHealth)
- Mesa County
 - St. Mary's Hospital (SCL Health)
- Pueblo County
 - Health Solutions, St. Mary-Corwin Medical Center (Centura)



Zero Suicide Colorado Goals

<u>Goal 1: Reduce the suicide death rate</u> among adults age 25 and older in Colorado from 25 deaths per 100,000 residents in 2015 to 19 by 2022.

<u>Goal</u> 2: Reduce the suicide attempt hospitalization rates among adults age 25 and older in Colorado from 51.9 suicide attempt hospitalizations per 100,000 residents in 2015 to 45 by 2022.

Goal 3: Reduce the suicide attempt emergency department visit rates among adults age 25 and older in Colorado from 74.5 suicide attempt emergency department visits per 100,000 residents in 2015 to 65 by 2022.

Zero Suicide Framework

- Transforming systems of care to reduce errors and improve patient safety
 - Screen patients, assess for risk, develop collaborative care plans
 - Transition between care settings
 - Focus on continuous improvement shaped by real-time data





Zero Suicide Learning Collaborative

- Mandatory monthly ZS Learning Collaborative calls
 - Part of OSP contract with Education Development Center (EDC)
 - Chance to hear from national experts and share experiences
 - Sample topics: data definitions and tracking, peer services, community partnerships, celebrating successes
- Grantees should share challenges and successes, ask questions, involve people with lived experience, leverage EDC national resources/speakers/facilitation.
- Opportunity for field-building and prevention of burnout and quality improvement fatigue.

Zero Suicide Learning Collaborative

Remaining 2019 Dates

- August 29th, 10-11:30 am
- September 19th, 10–11:30 am
- October 24th, 10—11:30 am
- (No meeting in November)
- December 10, 12-1 pm
- December 11, 12-1 pm
- Questions for grantees:
 - How to maximize utility of learning collaborative meetings
 - Future topics
 - Receiving electronic appointments



Technical Assistance from OSP

Examples of TA that OSP can offer, but feel free to get creative:

- Convening implementation teams and introducing Zero Suicide philosophy
- Coordinating various suicide prevention efforts
 - Bridging providers and local public health agencies
 - Aligning state efforts (Medicaid RAE deliverables, OBH initiatives)
- Policy guidance, addressing systemic & resource barriers
- Sharing relevant information, including research, best practices, and opportunities for collaboration

Reporting Requirements

Required Reporting

- Monthly Progress Reports
 - CDPHE-approved template
 - Due no later than 15 days after the end of each month
- Annual End of Year Report
 - CDPHE-approved template
 - No later than October 15, annually
- Organizational Self-Survey
 - Use the Zero Suicide Organizational Self-Study
 - Annually, upon completion by health system
- Workforce Self-Survey
 - Use the Zero Suicide Workforce Survey Resources
 - Annually, upon completion by health system

Monthly Progress Reports

- Template will be sent to grantees, 1st report due August 15, 2019
 - First report can be abbreviated, describe where health system is now
- Reports will include a descriptive update of successes, challenges, and lessons learned, as well as quantitative data.
- Key Progress Indicator Data
 - 1. Staff trained in suicide prevention skills (including gatekeeper, lethal means counseling, other evidence-based models)
 - 2. Workforce improvements (increased competence/confidence)
 - 3. People with lived experience in the health system working on or advising Zero Suicide implementation
 - 4. Screening all people served in health system for suicide risk
 - 5. Referrals made to people who screen positive for suicide risk
 - 6. Access to mental health services among people who receive a referral

Monthly Progress Report Data

Progress Area	Data Type	Definition
Training	Count	Number of staff trained in evidence-based suicide prevention skills (including gatekeeper, lethal means counseling, screening, assessment, safety planning)
Workforce Improvements	Qualitative	Improvements of competence/confidence of health care staff
People with Lived Experience	Count & Percentage	Number and percentage of implementation team and advisory group members who have lived experience of being clients of a health system or their family members
Screening	Count & Percentage	Number and percentage of health system clients screened for suicide risk
Referral	Count & Percentage	Number and percentage of people referred to mental health or related services as a result of suicide risk screening
Access	Count & Percentage	Number and percentage of people who receive mental health or related services after referral



Self-Surveys & Annual Reports

- Annual Report template will be sent to grantees, 1st report due October 15, 2019
 - First report can be abbreviated, focus on strategic plan
 - Helpful to use organizational and workforce surveys to measure work
- Organizational and Workforce Self-Surveys
 - Zero Suicide resources available on <u>Suicide Prevention Resource Center</u> website
 - Free to provide supplemental information, highlight partnerships
 - Can be helpful planning and project management tools

Contracting, Fiscal, & Compliance Information

Contracting Tools

Original Contract- Including Scope of Work and 2 Budgets

Work under the contract may only occur when there is a fully executed contract (may not work before or after term). The effective date is included in your notification email- please feel free to ask if you are ever unsure.

Possible Modification Tools include:

- . Amendment for current term or renewal-anytime the SOW changes
- Option Letter-(dollar change or extend term)

CDPHE-OSP Fiscal Staff

Fiscal Officer: Ruchi Kumar

The Fiscal Unit performs the following functions:

- Review of invoices and tracking of expenditures
- Review of budgets and budget narratives
- Process payments and other reimbursements
- Primary contact for invoice discrepancies

General Fiscal Reminders

This is a cost reimbursable contract.

- Before requesting reimbursement from the Colorado Department of Public Health and Environment (CDPHE), grantees must:
- Incur the cost
- Perform work associated with the cost (if applicable)
- Also applies to sub-grants

Standardized Invoice Form

Two Parts: Cover Page and Expenditure Details. We need both!

	For detailed instr	uctions, Con	tact your C	DPHE program.			o enter information into this form workbook. The information en				
COLOR A Department of 1 Health 9 Enviro	Public COTOTAGO DEPARTI	AILS for RE	IMBURSEA	MENT INVOICE	FORM		automatically popu	ulate this form. Follow instructions in the struction of			
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CDPHE Contact:				Remit Address:				4300 Cherry Creek Drive South		0	
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Address:	4300 Cherry Creek Drive South						State:		State:		
City:	Den ver CO	_		City:			Zip Code:		Zip Code: Fax:		
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Telephone:				Telephone:							
Email:				Email:							Total Amount
						Total Amount	Expenditure Categories				Requested from CDPHE
Expenditure Categories					Match or In-Kind (If Applicable)	Requested from CDPHE	Personal Services including Fringe Benefits				\$0.00
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Totals - This line shows t	total salary / fringe with the % applied	\$0.00	\$0.00					at I or my staff have reviewed the co			
			ersonal Services (fringe benefits)	\$0.00	\$0.00		required, progress reports and other communications with the contractor/vendor, and believe to the best of my knowledge, that the contractor/vendor is in compliance with all contract provisions.				



Invoicing Process

Grantee sends invoice to OSP Program Contact (Michael)



Contact reviews invoice and compares costs to approved statement of work and program progress, forwards to Fiscal Officer



Fiscal Officer
Reviews
information in
invoice.
Compares costs
to approved
budget and
disallowed costs,
if any.



If Program or Fiscal staff has questions about your invoice, you will typically be contacted by the Fiscal Officer.

No Monthly Expense?

A regular monthly invoice is expected. If there are no monthly expenses, grantee should communicate this by:

- Preparing and submitting a \$0 invoice,
- Providing an email or other written confirmation that a reimbursement request will not be submitted, or
- Submitting this information to program staff as part of regular program monitoring.

Expense Billing Period and Tracking

- Project billing period:
 - Contract start date (or upon execution of the contract) through Contract end date
- Funds may not be co-mingled. Each agency must have a mechanism in place to track expenses relating to this project separately from other agency expenses.
- State and federal rules mandate that fund recipients may not bill a contract for expenses that occur outside the contract period.

Supporting Documentation and Requirements

- DO NOT submit source documentation with invoices unless it is specifically requested.
- PSD's Fiscal Compliance Unit will request and review invoice documentation. Review will happen 1 to 4 times a year based on an agency's risk determination via:
 - Invoice documentation review.
 - Desk audit.
 - Site visit.

Budget Flexibility

Agencies have budget flexibility to allow for change(s) in costs between budget establishment and implementation of the project.

- You may move a cumulative total of up to 25% of your project's Total Direct Costs between approved major budget categories.
- Any moves in excess of this threshold requires a written Budget Revision Request Form approved by your program, contracting and fiscal contacts at CDPHE.
- Budget flexibility is allowed only when there is no change to the approved Statement of Work. Talk to your Program Contact if you have questions.

Budget Revisions (1/3)

If a budget revision is needed and there is no change to the Statement of Work:

- Expenses must be "necessary, reasonable, allocable and allowable"
- Ask yourself if the cost is necessary and if so, is it reasonable? Use your knowledge of costs in your area and do research when needed!
- Ask yourself if the cost is allocable to your project?
 Refer to the Statement of Work!
- Ask yourself if the cost is allowable? Refer to the original Request for Applications and your Agreement!

Budget Revisions (2/3)

Discuss your needs with your Program Contact as soon as possible. A budget revision:

- Takes time (10-15 days to consider the request).
- Requires signatures.
- Is required if you want to add a budget category (Travel, Personal Services, Operating, Contractual) that was not in your original approved budget.
- Must be reviewed by PSD contract staff. May require a contract amendment if it is determined that the Statement of Work is affected.

Budget Revisions (3/3)

- Budget Revisions are prospective (relating to or effective in the future), not retroactive. So if a budget revision is approved, new costs are only allowed as of the revision approval date.
- CDPHE cannot reimburse for expenses in excess of 25% per budget category that have been incurred without prior approval. In other words, if an agency exceeds allowable costs, the *grantee is responsible for costs*.
- Budget Revision requests may not be submitted in the last 90 days of the contract period.

Final Invoice and Fiscal Year Close

Final invoice:

- Enter "Yes" in the appropriate field on the standardized invoice form when submitting the final invoice for your project.
- Is due 45 days after the end of your contract period.

Fiscal year-end accounts payable estimate letter/matrix:

 CDPHE must accrue all financial obligations (invoices not paid) that have not been submitted or paid by June 30 of any year. Grantees and contractors should see a request for information related to costs incurred but not invoiced for.



Fiscal Compliance Staff

Lead Auditor: Ryan Rivera

The compliance unit performs the following functions:

- Financial Risk Assessments
- Fiscal Monitoring to ensure compliance with rules and regulations
- Technical Assistance
- Site Visits
- Desk Reviews
- Source Documentation Reviews

Rules and Regulations

Contracting agencies are required to be good stewards of State money, using it in the most effective way possible.

2 CFR, Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards

- Subpart E-Cost Principles Basic Considerations 200.402
- Subpart E-Cost Principles General Provisions for Selected Items of Cost
- Grant Requirements
- Contract Requirements
- Audit Requirements

Frequent Findings

Time and Effort Requirements

- If employees work on and are charged to multiple projects, the employees must complete timesheets/activity reports detailing time worked on each project.
- Salary must be allocated to the projects based on those timesheets/activity reports. DO NOT use budget estimates to prepare invoices (e.g., 1/12 method). Actual salary, fringe, and time percentages must be used to determine Personal Services costs for each invoice.
- Records of these expenses will be reviewed during source documentation reviews, desk reviews, or site



Questions for Ruchi?





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Reconnecting to Purpose

Grounding the work of Zero Suicide Colorado in a shared connection to purpose.

- The framework emphasizes support for staff as well as quality of patient care.
- Build in time during calls and team meetings for sharing stories, challenges, successes, and needs/offers.
- Include people with lived experience.
- Reframe adversity of meeting an "aspirational goal" to Colorado pioneering a new approach to help lead the country out of a public health crisis.

Questions for OSP?





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